



July 30, 2007

Bryce P. Wilson, CPA  
Office of State Budget  
1201 Main St. Ste. 870  
Columbia SC 29201-3273

References: BWilson@Budget.SC.Gov. "Fwd: FY2008-09 Budget Plans." E mail to JRichard@che.state.sc.us *inter alia*. July 30, 2007

Authority: S.C. Const. Art. XVII §7  
S.C. Code Ann. §59-150-350(A)

Dear Mr. Wilson:

I trust this will find you and your colleagues in good health.

Per our telephone conversation of this date and the references above, please be advised the Commission has no authority or requirement to request State funding.

Please call with any questions or comments, or if I may be of any service.

Yours faithfully,

(signed)

Dale M. Rhodes, CPA  
Director of Finance

## FY 2008-09 ACTIVITY PRIORITY ADDENDUM

### I. PRIORITY ASSESSMENT OF ACTIVITIES – HIGHEST PRIORITIES

A. Agency Section/Code/Name:

B.

<b>Priority Assessment of Activities – Highest Priorities</b>	<b>General</b>	<b>Federal</b>	<b>Supplemental</b>	<b>Capital Reserve</b>	<b>Other</b>	<b>Total</b>	<b>FTEs</b>
817 Education Lottery Account Deposits	0	0	0	0	\$252,400,000	\$252,400,000	0
818 Prizes	0	0	0	0	\$567,969,356	\$567,969,356	0
819 Retailer Commissions	0	0	0	0	\$66,633,450	\$66,633,450	0
820 Other Direct Game Costs	0	0	0	0	\$22,022,499	\$22,022,499	0
821 Advertising	0	0	0	0	\$8,900,000	\$8,900,000	0
822 Security	0	0	0	0	\$1,456,531	\$1,456,531	6
823 Administration	0	0	0	0	\$18,793,604	\$18,793,604	140
<b>TOTAL OF HIGHEST PRIORITIES</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$938,175,440</b>	<b>\$938,175,440</b>	<b>146</b>

## FY 2008-09 ACTIVITY PRIORITY ADDENDUM

### II. PRIORITY ASSESSMENT OF ACTIVITIES – LOWEST PRIORITIES

- A. Agency Section/Code/Name:
- B. Agency Activity Number and Name:
- C. Explanation of Lowest Priority Status:
- D. Estimate of Savings:

Estimate of Savings:	General	Federal	Supplemental	Capital Reserve	Other	Total
<b>Personnel:</b>						
(a) Number of FTEs	0	0	0	0	0	0.00
(b) Personal Service	0		0	0	0	\$ 0
(c) Employer Contributions	0		0	0	0	\$ 0
Program/Case Services	0	0	0	0	0	\$ 0
Pass-Through Funds	0	0	0	0	0	\$ 0
Other Operating Expenses	0	0	0	0	0	\$ 0
<b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

- E. Activity Impact (*Describe the impact on the activity affected including the impact on customers and clients.*):

F.

[illegible]